

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
**(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/ 529727

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1						51					
2	1							52					
3		2						53					
4		1						54					
5		1						55					
6		1						56					
7		0						57					
8		0						58					
9		0						59					
10		0						60					
11		0						61					
12		0						62					
13		0						63					
14		0						64					
15		0						65					
16		0						66					
17		0						67					
18		0						68					
19		0						69					
20		0						70					
21		0						71					
22		0						72					
23		0						73					
24		0						74					
25		0						75					
26		0						76					
27		0						77					
28								78					
29								79					
30								80					
31								81					
32								82					
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34								84					
35								85					
36								86					
37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	2												
TOTAL DEP.	30												
TOTAL CLAIMS	28												